

Carlotta

HOW TO SELECT A NURSING HOME



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Health Care Financing Administration
Health Standards and Quality Bureau
Parklawn Building
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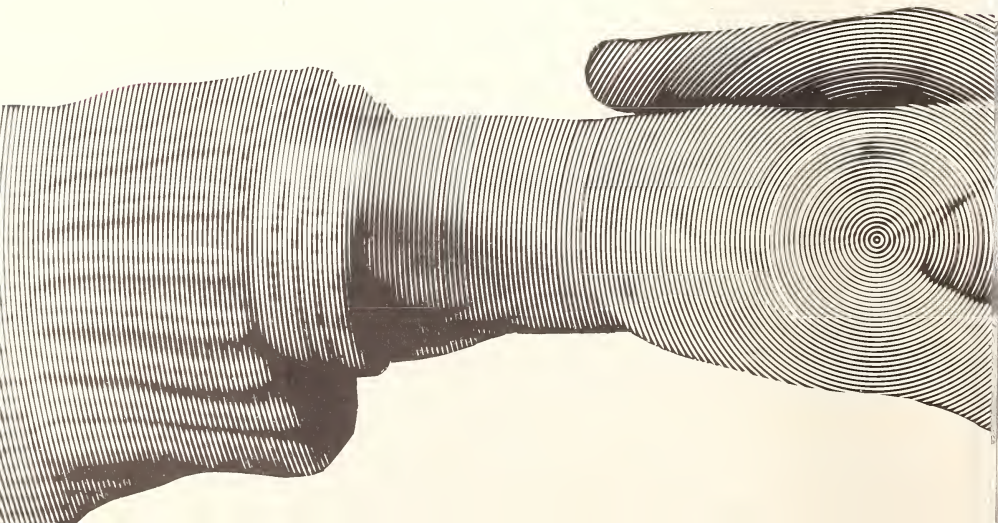
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Introduction

Providing long-term care for individuals who have chronic conditions or disabilities is a societal problem of Americans and of major concern to the Federal government. These individuals who have some physical or mental impairment may need to be placed in a facility. Nursing home placement must be timely and appropriate so that the patient is in the right facility at the right time. Appropriateness implies that the specific needs of the person who requires long-term care must be matched with the level of service that can be provided by a facility. Whether a patient is being transferred from another health facility, such as a short-stay hospital, to a nursing home or to an alternative to institutional care, of prime importance is that the individual receive an optimum quality of care—throughout a continuum of care. One alternative is home care, for example, and the individual can still receive such needed services as homemaker, home health, home help and chore services and personal care services (e.g., bathing and grooming). A wide range of supportive care services are available through communities. This booklet, however, has been prepared to serve as a guide for those who are faced with the choice of a nursing home and to provide some answers to frequently asked questions.

The guide. The guide's basic purpose is to help you select a good nursing home that best meets the needs of the prospective patient. Although the focus is on one kind of nursing home—called a

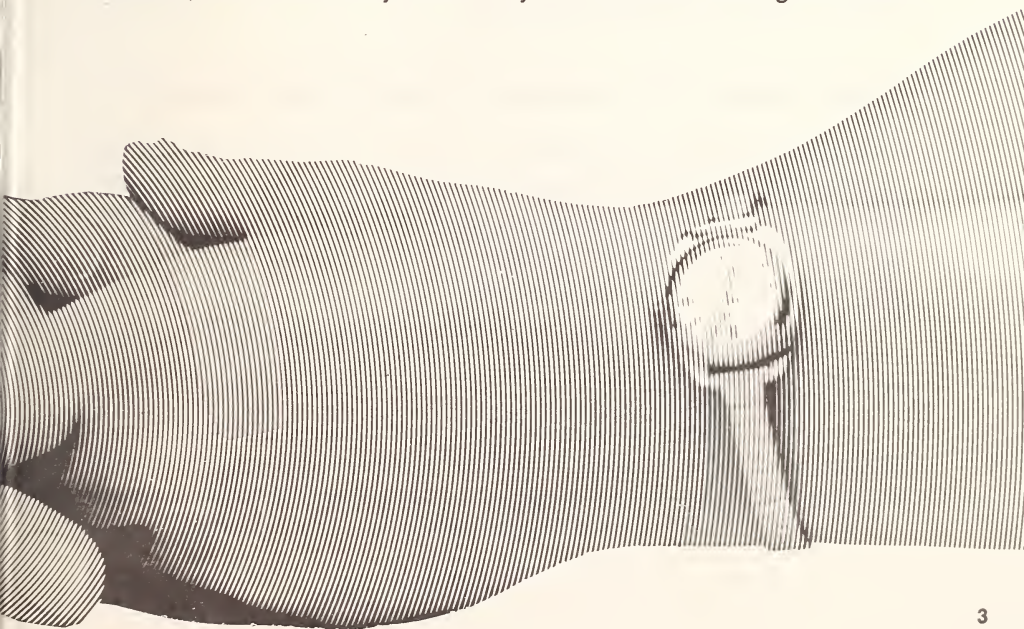


“skilled nursing facility”—much of what's discussed applies to other nursing homes as well.

The guide is divided into three parts: Part One contains background information which should answer some basic questions about nursing homes and help you understand what you see and hear when you visit them; Part Two presents a step-by-step process for selecting a home; and Part Three is a checklist to help you in making your decision.

The survey. In 1974 the Office of Nursing Home Affairs (ONHA), U.S. Public Health Service, HEW, began a survey to find out what kind of care patients were receiving in skilled nursing facilities. The survey took thousands of man-hours (over more than a year) to design, carry out, and evaluate, the result is a valid, well-rounded picture of long-term nursing care in the U.S.

Some of the survey findings are included in Part One of this guide. They will help give you an idea of the ways nursing homes are doing a good job and the ways they are not. When you investigate nursing homes, you may wish to look with special care at those areas in which they have been found lacking. Keep in mind, however, that the survey deals *only* with skilled nursing facilities.



PART ONE

Some Questions About Nursing

WHAT IS A NURSING HOME?

In this guide, we use the term to mean a patient care facility that primarily provides nursing, medical and rehabilitation care, but also furnishes residential and personal services as well.

Residential and personal services. These are the most basic services, ones that you would expect of most facilities for elderly people.

Residential care means providing a pleasant, healthful place to live—a comfortable room, nutritious meals, clean laundry, the services of a barber and beautician, and the companionship of others.

Personal care involves helping patients with such everyday tasks as dressing, bathing, toileting, eating, and walking. It also includes certain kinds of supervision: Helping patients get to scheduled activities and therapy sessions and follow prescribed programs, such as special diets and exercises.

WHAT KINDS OF NURSING HOMES ARE THERE?

Even facilities that can properly be called “nursing homes” do not all offer the same level of care. In recent years, this situation has become clearer as a result of Medicare and Medicaid. These government programs have established two categories of nursing homes (or long-term care facilities) according to the services they give:

A skilled nursing facility (SNF) is a nursing home that has been certified as meeting Federal standards within the meaning of the Social Security Act. It provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Homes



An *intermediate care facility (ICF)* is also certified and meets Federal standards and provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, but the emphasis is on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes are certified to participate in both the Federal Medicare and Medicaid programs and, therefore, qualify as both skilled nursing facilities *and* intermediate care facilities.

WHY DO PEOPLE LIVE IN NURSING HOMES?

Many patients in nursing homes are old. Some are feeble and unable to take care of themselves and live safely on their own. Other patients, regardless of age, suffer from chronic illnesses. They need some medical attention but do not require hospital care. Still other patients have been transferred from a hospital to convalesce after a serious illness, accident, or operation.

In recent years, nursing homes have received more and more patients under 65. Some of them are mentally retarded or have other developmental disabilities.

Some patients have no families. In other cases, the families are not able to supply the kind of care needed; there may be no one home during the day, or the care may be too specialized or expensive to provide at home. In still other cases, families may decide that keeping the person at home would upset family life too much.



What the survey found: Most of the patients in skilled nursing facilities are 65 and over; 72.9 percent are women. Most are retired or never employed outside the home. Nine out of ten patients have very low incomes or no incomes at all. (The survey is described on page 3.)

HOW DOES MEDICARE AND MEDICAID PERTAIN TO NURSING HOMES?

Created in 1965, these government programs are designed to help meet the health care needs and help pay the bills of people over 65 and the poor. Both programs include coverage for nursing home care.

Medicare is a Federal program of hospital and medical insurance that applies to people over 65. It pays a large part of the cost of care in a skilled nursing facility. It covers a "spell of illness" up to 100 days of care, but only after a stay of at least three days in a hospital. If care is needed beyond 100 days, the cost of care may be paid by Medicaid if the patient is eligible.

Medicaid helps provide medical services to people with little or no income. The program is operated by the individual States, though the Federal government provides up to 75 percent of the funds. Medicaid pays for care in both skilled nursing facilities and intermediate care facilities. Since January 1, 1973 the medically needy share the cost of services they receive under Medicaid by paying a *nominal* enrollment fee or premium, based on the amount of the individual's income.

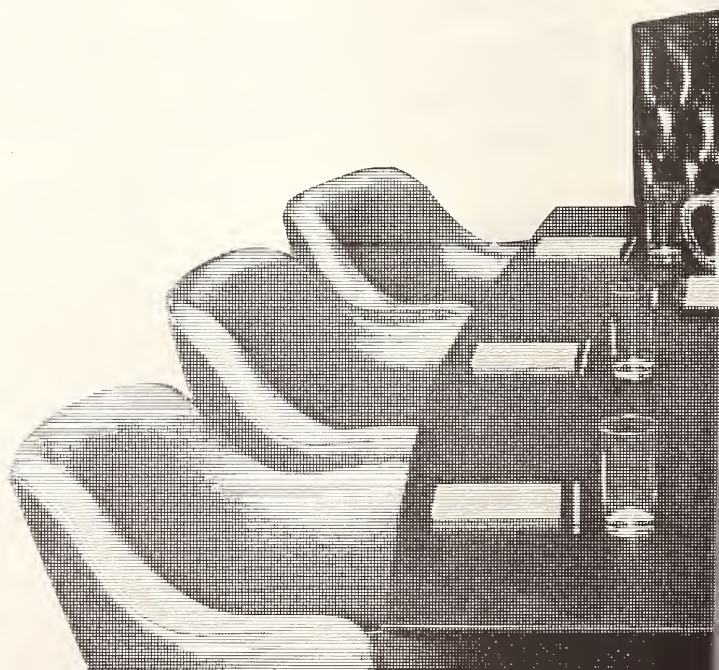
Medicare provisions change often, and Medicaid programs vary from State to State. For up-to-date information in your State, contact the State or local Welfare Office (for Medicaid) or your local Social Security Office (for Medicare).

HOW ARE NURSING HOMES OWNED AND MANAGED?

Some nursing homes are non-profit institutions. They are sponsored by religious, charitable, fraternal, and other groups or run by government agencies at the Federal, State, or local levels. But most homes are private businesses, operated for profit. They may be owned by individuals or corporations. Sometimes they are part of a chain of nursing homes.

Final responsibility for the running of a nursing home lies with its *governing body*. The governing body may be called the "board of directors" or "trustees," or they may be the owners of a proprietary facility. The governing body meets periodically to set policies and adopts and enforces rules and regulations for the health care and safety of patients.

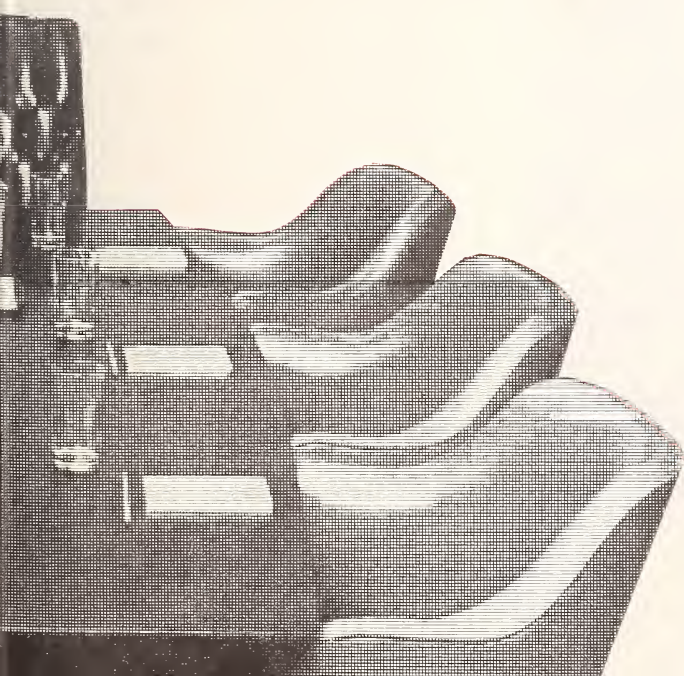
The person in charge of the day-to-day management of a nursing home is called the *administrator* who is licensed by the State as a nursing home administrator. He or she is appointed by the governing body and is responsible to it.



HOW ARE NURSING HOMES REGULATED?

Nursing homes are required to meet standards set by the State or local laws and regulations and have a State license or letter of approval from a licensing agency to operate. Nursing homes that are certified to take part in Medicare and Medicaid are required to meet standards set by Federal regulations. State agency or other public agency surveyors evaluate homes periodically to make sure they meet health, safety, staffing, and environmental standards, including the provisions of the Life Safety Code of the National Fire Protection Association.

What the survey found: Almost all of the skilled nursing facilities surveyed had current licenses for the home and administrator.



WHAT DO NURSING HOMES DO FOR PATIENTS?

Nothing about a nursing home is more important than patient care. A home may be clean and well-equipped, but this means very little unless it also has a well-rounded program of high-quality services for patients.

The goal of patient care in a nursing home is to minimize infirmities, restore, and maintain the patient at his/her optimal physiological and psychological level of body functions.

Often nursing homes make arrangements with outside people to furnish certain services, such as rehabilitation therapy and consultation for dietary, social, and pharmaceutical needs.

The following pages describe some important aspects of patient care. (Additional points are covered in the checklist in Part Three.) Some of these points reflect Federal regulations for facilities participating in the Medicare and Medicaid programs. Others are simply good nursing home practices.

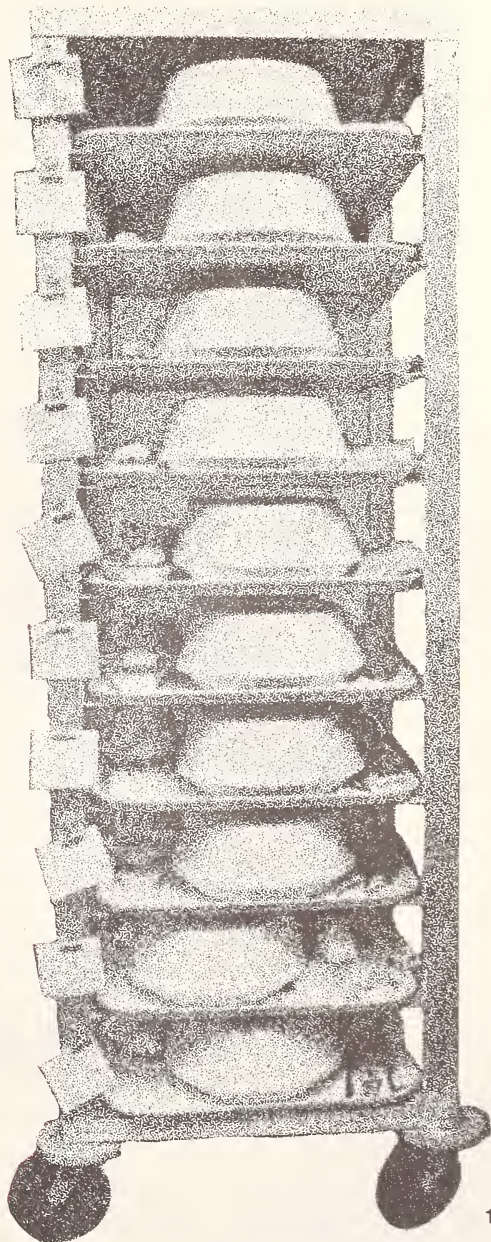
What the survey found: The survey teams found that the majority of patients did require some assistance from the nursing staff in activities associated with daily living. Examples of the differences among the degrees of dependency among the patients were: (1) 50.1 percent needed assistance in eating; (2) 68.0 percent required help to go to the bathroom and/or needed further assistance with their toileting; (3) 72.0 percent needed some help in dressing; and (4) 93.9 percent required some assistance in bathing. Bowel and bladder control problems were occasionally experienced by 50.0 percent of the patients.

Food services. Patients should have meals that are nutritious and appetizing. They should also be offered snacks between meals and at bedtime. Some patients require special diets, which are prescribed by their physicians and the facility should be able to prepare the diet prescribed.

Often food is prepared in the nursing home, but sometimes arrangements are made with an outside company to provide food services.

When you visit a nursing home, you will probably have a chance to meet the *dietetic supervisor*—the person in charge of menu planning and food preparation. The kitchen staff should be large enough to prepare meals promptly and efficiently.

What the survey found: Ninety percent of skilled nursing facilities received some consultation or supervision of their dietetic service from a qualified dietitian. A qualified dietetic service supervisor was employed full-time in approximately 4 of every 10 facilities. Menus were planned in writing for nine out of ten patients. Better food preparation, meal service, and spacing of meals are possible with adequate dietetic personnel. Adequate staff were present in 2 out of 3 homes surveyed.



Nursing services. In many ways, nursing care is what nursing homes are all about. Nursing personnel keep patients clean and comfortable, administer drugs, apply dressings, take steps to prevent pressure sores, and carry on many other routine nursing chores. They also give specific treatments to patients suffering from such problems as strokes, heart disease, and orthopaedic illnesses who have been transferred from hospitals.

When you visit a nursing home, you will see several kinds of people on the nursing staff:

A *registered nurse (RN)* is a licensed nurse, having completed a diploma, associate degree, or baccalaureate degree program in an accredited school of nursing that required two to four years of study. A *nurse practitioner* is an RN with additional knowledge and skill gained through an organized nurse



practitioner program of study and supervised practitioner experience.¹ In addition, after successfully completing graduate programs of study, professional nurses are awarded masters and doctoral degrees and are thus prepared to assume broad nurse leadership and nursing care responsibilities. RN's supervise nursing services, carry out various administrative duties and, as required to meet patients' needs, are able to give highly skilled nursing care.

A *licensed practical nurse (LPN)* has had at least one year of specialized training. Generally, LPN's do the less complex nursing jobs, with the emphasis on bedside care.

In California and Texas, an LPN is called a *licensed vocational nurse (LVN)*.

Nurses' aides and *orderlies* work under the supervision of RN's and LPN's. They help patients get out of bed and get dressed in the morning, they bathe patients, make their beds, clean their rooms, bring their meals and feed them, and they carry out similar kinds of personal care and housekeeping duties. To be hired, aides and orderlies are not required to have special training or experience; their training is usually given by the nursing home. (A few states have training programs for aides and orderlies.)

Federal regulations have very specific requirements for the nursing staff in a skilled nursing facility. These are covered in the checklist (Part Three).

Physician services. Every patient in a nursing home should be under the care of a physician. A key role is played by the attending

Lawrence E. Meltzer, Faye G. Abdellah, and J. Roderick Kitchell. *Concepts and Practices of Intensive Care for Nurse Specialists*. (Bowie, Maryland: The Charles Press Publishers, Inc. 1976), p. 4.

physicians. They are the ones responsible for the medical care of individual patients—making examinations and diagnoses and prescribing needed treatments, diets, drugs, and rehabilitation programs. They generally are the patients' own personal physician. However, in some cases physicians are provided by the nursing home.

Federal regulations require that a skilled nursing facility have a physician on their staff at least part-time to serve as *medical director*. The major functions of the medical director is to coordinate all medical services for patients and to check on the health of the home's employees. They do not provide direct patient care when functioning as a medical director.

Federal regulations also set guidelines for visits by physicians. A patient must be given a physical examination just before or at the time he or she is admitted to the nursing home. For the first three months following admission, the attending physician must see the patient and review his or her total program of care at least once a month. After the first three months, the physician must visit at least every 60 days.

In addition, good nursing homes bring in specialists to make regular checkups of patients' teeth, eyes, and feet, which need special care in the elderly. Specialists in other fields—such as internal medicine, orthopaedics, and psychiatry—are made available when needed.

What the survey found: Almost six out of ten patients admitted from the community are examined by a physician within two days of admission. Physicians review most cases at least once a month, but less often after a patient's first three months in a facility. During this monthly review, most physicians see their patients and re-evaluate the patients' care plans in eight out of ten cases.

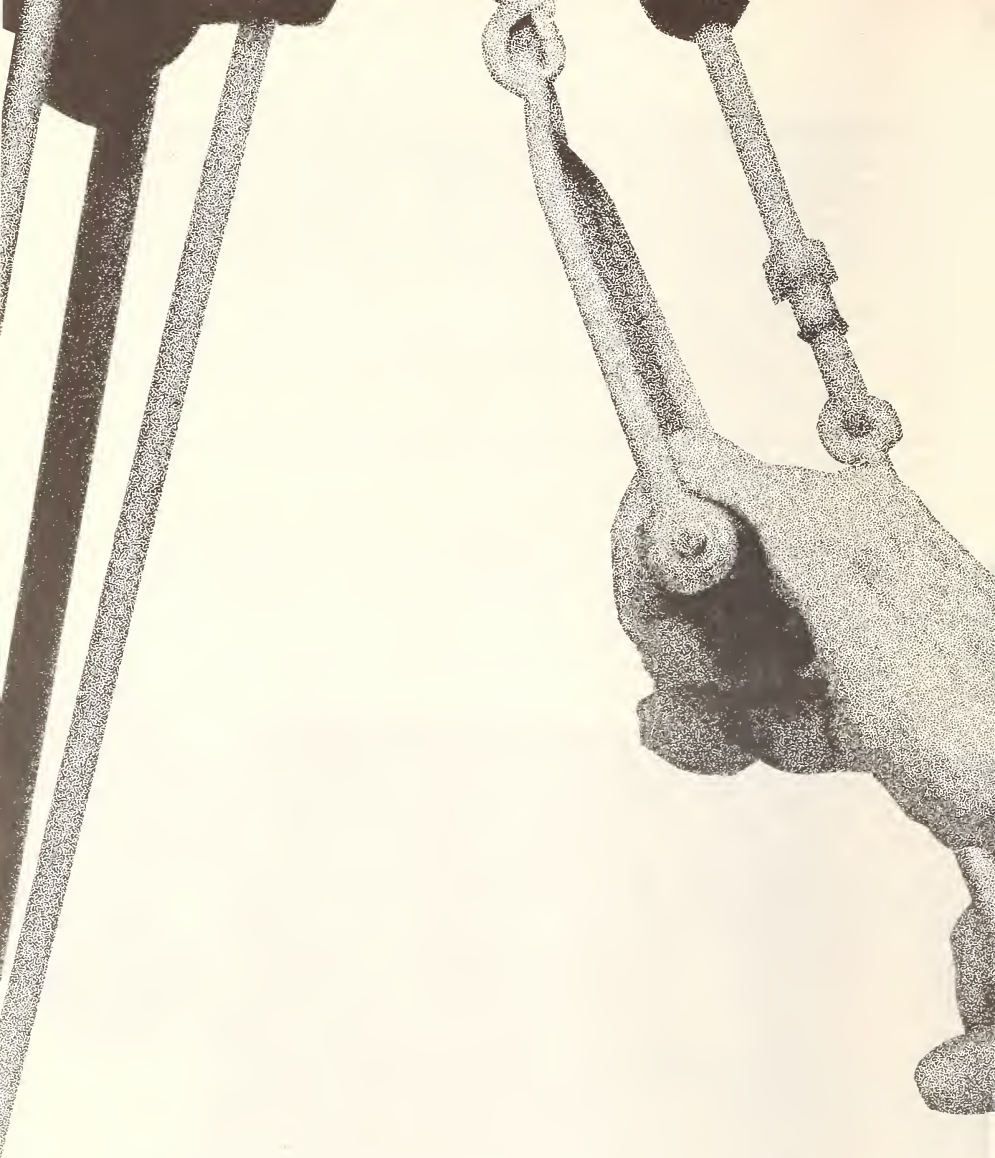
Pharmaceutical services. Pharmaceutical services must be under the general supervision of a qualified pharmacist. Although most nursing homes have drug prescriptions filled at a pharmacy located in the community, others have a pharmacy on the premises. If a home is part of a hospital complex, it often uses the hospital's pharmacy. Drugs are given to patients by qualified personnel, e.g., registered nurses or licensed practical nurses.

What the survey found: In almost all skilled nursing facilities, drugs are given only by licensed personnel.

About 68 percent of the pharmacists reported that they reviewed the patient's drug regimen at least monthly.

The pharmacist received the original or direct copy of the physician's order form 24.2 percent of the time. Physicians countersigned verbal orders within 48 hours 71.5 percent of the time.





Rehabilitation therapy typifies modern thinking about nursing home care. The principal aim is to help patients regain capabilities they have lost, allowing them to get along on their own as much as possible. Experience has shown that even the very elderly are often capable of great improvements.

Under Federal regulations, a nursing home may only accept patients who are in need of specialized rehabilitation services if it can provide or arrange for these special services.

Most nursing homes offer three types of rehabilitation therapy: *physical therapy*, *occupational therapy*, and *speech therapy*.

Physical therapy. As a result of illness or injury, some patients need help to regain lost abilities in body functioning. Physical therapists—using exercises, massages, and special training equipment—help such patients to improve their abilities to sit, turn, stand, and walk or to carry on such everyday activities as eating, dressing, and bathing. They also teach patients to use wheelchairs, braces, and artificial limbs.

When you visit a nursing home, you will probably see a special physical therapy room equipped with exercise equipment, whirl-pool baths, and the like.

What the survey found: The survey teams found that seven facilities out of ten employ trained physical therapists. Of the patients who receive physical therapy, a little more than half get it more than three times a week.

Occupational therapy. Occupational therapists work to develop occupational and recreational skills by involving patients in a variety of craft activities. These activities also provide patients with a sense of satisfaction, stimulate their interest, help keep them mentally alert, and give them practice in making precise movements of the hands and arms.

In large nursing homes, occupational therapy is usually carried on in a special room supplied with craft materials and equipment. In smaller homes, the dining room may double as an occupational therapy area.

What the survey found: Nine out of ten patients who could benefit from occupational therapy do not get it. Seven facilities in ten do not have skilled occupational therapists.



Speech therapy. A speech therapist helps patients overcome speech and language difficulties such as those due to a stroke, hearing loss, or neuromuscular disorders. Speech therapy may be carried on in patients' rooms or in other areas of the home.

What the survey found: Nine out of ten patients do not get the speech therapy they need. Four facilities in ten have no speech therapists.

Social Services. Patients in nursing homes may have emotional concerns or problems and social adjustment difficulties. Sometimes these stem from entering the home itself: patients are separated from familiar people and places, their customary living patterns are disrupted, they fear that the home is "a place where you go to die." Sometimes the difficulties are connected with growing old, and feeling unwanted, some patients become depressed.

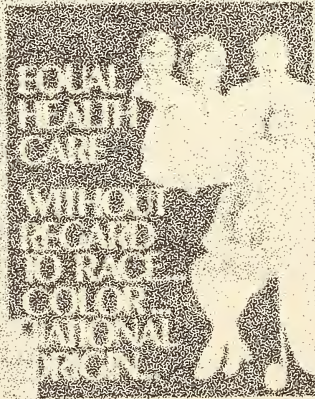
In recent years, we have come to realize more and more that nursing homes must deal with the whole patient—not just with medical and physical needs but with emotional and social ones as well. Nursing homes are not required to offer social services themselves, but they are required to determine the social and emotional needs of each patient. If they do not provide these services to meet these needs, they must be able to refer patients and their families to outside agencies for assistance. If a home does provide social services, the person in charge is called the *director of social services*.

A good social service director tries to prepare patients before they enter the home and help them adjust once they arrive. He or she counsels patients and



their families, referring them to outside agencies for financial or legal help when necessary. When the time comes for patients to leave the home, the director helps them and their families plan for the transition.

What the survey found: Among patients able to respond to the interview, about two-thirds of patients indicated that their social and emotional needs were being met. Social work staff assessed and planned for the psychological and social needs of patients about two-thirds of the time. Social work with patients' families was carried on in about the same proportion of cases.



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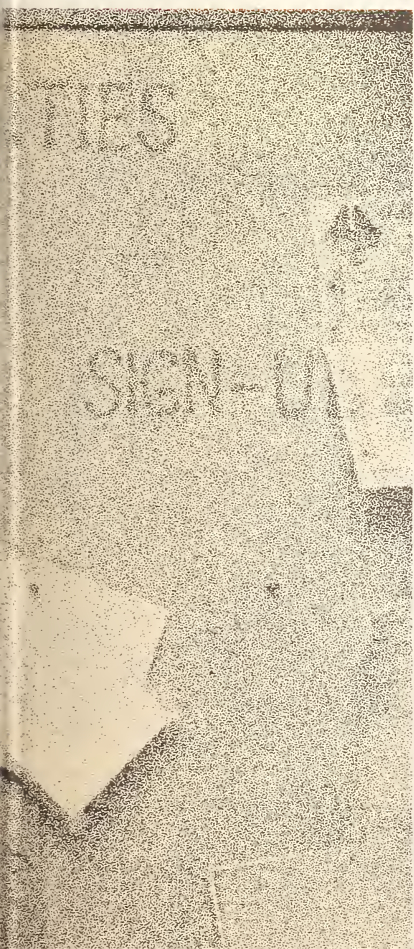
FRIDAY

JUNE 27

It's Your Right!

Reality orientation: "Reality orientation" is a program which helps patients stay in contact with the real world by keeping them aware of the day, time of year, weather, holidays, activities in the home, and major news events on the outside.

What the survey found: Disorientation of the patient's awareness of time, place and his identity was experienced by 54.2 percent (153,784) of the patients. Approximately half of this number (76,459) however, had alternating periods of awareness—unawareness or intermittent disorientation. Although some patients did show inappropriate behavior, the majority or 58.4 percent of the patients had patterns of behavior appropriate to the nursing home environment.



Patient activities. A suitable program of recreational activities for patients in a nursing home is an important part of social services. Interesting and varied activities, supervised by a qualified activities coordinator, can do much to relieve the monotony of life in a home and keep patients mentally alert, actively involved, and socially in contact.

Activities programs vary widely from one nursing home to another. Some homes have very limited programs. Others, particularly those with many active patients, have large and elaborate programs.

A well-rounded program may include individual activities (such as arts and crafts, reading, and letter-writing), group activities (card games, billiards, exercise classes, drama and choral groups), noisy activities (rhythm bands, sing-alongs), highly social activities (dances, parties, birthday and holiday celebrations), outdoor activities (gardening classes, nature walks), and opportunities to get away from the home for a time (such as trips to parks, theaters, concerts, and museums).



Some nursing homes have book and record collections, movies, and discussion groups. Sometimes people from the community, such as librarians and theatrical groups, bring their services to the home. Some homes have a Patients' Council which helps plan and carry on the activities program.

What the survey found: About three-quarters of all facilities have qualified personnel directing patient activities, and about the same proportion have adequate facilities.

Volunteer program. A well-organized volunteer program can be a tremendous asset to a nursing home. Working and visiting with patients, community volunteers can help stretch a limited staff, increase the number of patient activities, and provide much-needed contacts with the outside world.

Religious observances. Many older people like to attend religious services and talk with clergymen. Nursing homes should provide opportunities to do so, whether in the home or at a nearby place of worship. Some homes have a chaplain and provide a chapel that is open for private meditation.



WHO PROVIDES CARE?

In a nursing home, each member of the staff plays a vital role in assuring that the patient receives quality care and services. The staff consists of administrative, professional, and non-professional personnel. The administrative staff is responsible for assuring that the facility operates effectively. Qualified health professionals, such as nurses, physicians, and dietitians, are responsible for assessing the needs of each patient and providing the necessary care. Professional staff are available to meet the medical, social, and emotional needs of each patient. The non-professional staff includes the aides and orderlies. These employees deliver many of the daily services directly to the patients in nursing homes.

Physicians, nurses, and other health personnel need to be attracted to providing long-term care in nursing homes. Today, the basic education of health professionals is more apt to include both theory and practice in geriatrics. This will result in better prepared and interested personnel. Retention of staff is more likely when staff are oriented to the job and are offered training, career mobility, and other fringe benefits. Some of the causes of understaffing in some homes are low pay, limited opportunities for advancement, and the attitude towards nursing home employment by potential employers.

What the survey found: Eight facilities in ten did offer staff training. Since learning is best with motivation, it seems clear that staffs



need to be so motivated, because one in four staff members gave no indication that they applied what was taught.

WHAT RIGHTS DO PATIENTS HAVE?

Under Federal regulations, nursing homes must have written policies covering the rights and responsibilities of patients. They are required to make these policies available to patients and the public. A kind of "bill of rights," the policies are intended to protect patients from being mistreated.

These patients' rights policies and procedures ensure that, at least each patient admitted to the facility:¹

- (1) Is fully informed, as evidenced by the patient's written acknowledgment, prior to or at the time of admission and during stay, of these rights and of all rules and regulations governing patient conduct and responsibilities;
- (2) Is fully informed, prior to or at the time of admission and during stay, of services available in the facility, and of related charges including any charges for services not covered under titles XVIII or XIX of the Social Security Act, or not covered by the facility's basic per diem rate;
- (3) Is fully informed, by a physician, of his medical condition unless medically contraindicated (as documented, by a physician, in his medical record), and is afforded the opportunity to participate in the planning of his medical treatment and to refuse to participate in experimental research;
- (4) Is transferred or discharged only for medical reasons, or for his welfare or that of other patients, or for non-payment for his stay (except as prohibited by title XVIII or XIX of the Social Security Act), and is given reasonable advance notice to ensure orderly transfer or discharge, and such actions are documented in his medical record;

¹Department of Health, Education, and Welfare, Social Security Administration, Skilled Nursing Facilities, Health Insurance for the Aged and Disabled: General Administration, *Federal Register*, October 3, 1974, 39, No. 193, pp. 35775-35776.

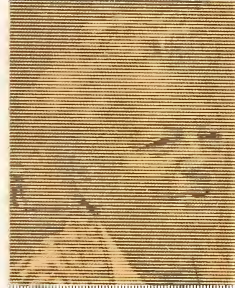
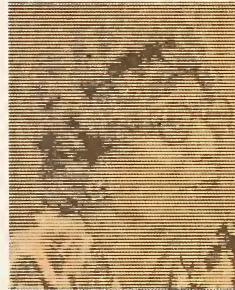


(5) Is encouraged and assisted, throughout his period of stay, to exercise his rights as a patient and as a citizen, and to this end may voice grievances and recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;

(6) May manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;

(7) Is free from mental and physical abuse, and free from chemical and (except in emergencies) physical restraints except as authorized in writing by a physician for a specified and limited period of time, or when necessary to protect the patient from injury to himself or to others;

(8) Is assured confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in case of his transfer to another health care institution, or as required by law or third-party payment contract;



(9) Is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;

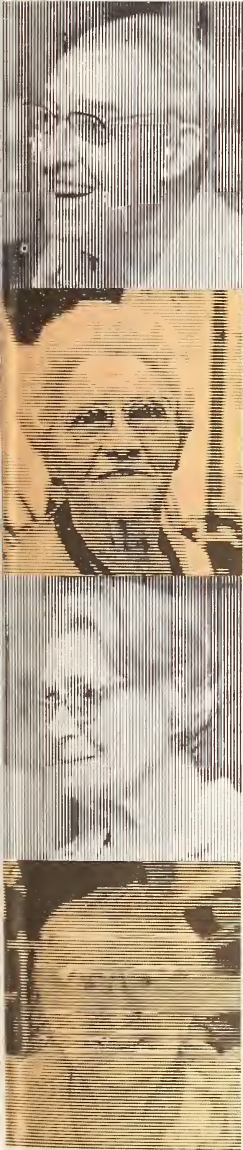
(10) Is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;

(11) May associate and communicate privately with persons of his choice, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician in his medical record);

(12) May meet with, and participate in activities of, social, religious, and community groups at his discretion, unless medically contraindicated (as documented by his physician in his medical record);

(13) May retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients, and unless medically contraindicated (as documented by his physician in his medical record); and

(14) If married, is assured privacy for visits by his/her spouse; if both are in-patients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician in the medical record).



PART TWO

Choosing A Nursing Home

PLANNING AHEAD. If you think you will need a nursing home—for yourself or an aging relative—it will pay to plan ahead. Many of the good nursing homes have long waiting lists, so your chances of finding a good home, at a reasonable price, will be greatly improved. And the prospective patient will have time to get used to the idea of living in a home and to prepare mentally for the change.

Unfortunately, the choice of a nursing home is often made in a crisis atmosphere, when time is short and minds are troubled. But selecting a home is an important decision—one that deserves foresight and careful, clear-headed consideration.

Here are some things you can do in advance:

- Make a point of learning about nursing homes. In addition to reading this booklet, watch for articles in newspapers and magazines and for television programs that deal with nursing homes. Also, pick up brochures on the subject from social service agencies or your local health department.
- Find out what nursing homes are located in your community, and learn what you can about them. If you have friends or relatives who are familiar with the homes, ask for their opinions of them. If you know people who live in nursing homes, pay them a visit and gather some firsthand impressions.
- Discuss the matter with the prospective patient, and find out his or her preferences.



- Think about ways of financing nursing home care. Find out whether the elderly person is likely to be eligible for Medicare or Medicaid or whether he or she has personal health insurance or a pension plan that covers nursing home costs. If not, begin planning other means of financing.

CONSULTING OTHERS. When the time comes to find a nursing home, other people can help. Consulting with the elderly person's physician is essential. Other physicians, social workers, clergymen, and friends or relatives who have placed someone in a nursing home can all offer valuable advice.

The person who will be entering the home should not be overlooked. If he or she is mentally alert, the person deserves to have his or her wishes considered and should be involved in the process of selecting the home every step of the way.

FINDING OUT WHAT KIND OF HOME IS NEEDED. The crucial question is: What kind of care does the elderly person need? Some may only require a safe and comfortable place to live, among pleasant companions, if possible, with similar ethnic or religious backgrounds. Others may need some help with grooming and occasional medical treatment. Still others may need constant medical attention, therapy, and other hospital-related care.

As discussed in the preceding section, different kinds of nursing homes provide different levels of care. The key is to match the home to the patient—to ensure the patient is in a home that provides the kind of care and services needed.

How can you find out what kind of care the person needs? The best source of guidance is his or her personal physician. When you talk to the physician, find out precisely whether an intermediate care facility or a skilled nursing facility can provide the level of care needed. Also ask about any special services or treatments that should be provided by the facility for the patient. (See p. 10).

DECIDING ON THE LOCATION. In addition to finding out what *kind* of nursing home is needed, you should decide on a general location. In thinking about location, keep in mind that the most important goal is to provide the elderly person with the kind of care that is needed. Here are some points to consider:



- The location should be agreeable to the elderly person. For example, some people may prefer the restfulness of country surroundings, while others may prefer the stimulation of city life and being near community services such as those available from churches or community centers.

- The home should be convenient for the person's family and friends. Having to make a

long trip may discourage people who would otherwise visit often.

- The home should be reasonably close to a hospital offering emergency service. In the event of an emergency, reaching a hospital quickly may be crucial.

- If the available homes in the local area cannot meet the patient's needs, you probably should go further away to get it.

LOCATING NURSING HOMES. The next step is to find out which nursing homes are available in the area you have in mind. Go over the list with your physician to ascertain which nursing homes he would recommend.

Some communities now have citizen groups which visit nursing homes, compile directories of homes, make digests of survey reports, and in general, try to protect the consumer's interests. If there is such a group near you, it should be consulted.

Many agencies and organizations keep lists of homes in order to make referrals to the public. (Usually, however, they do not make specific recommendations.) These are some places you might contact:

- Local or State health department
- Hospital, Social Services Department
- Provider associations, i.e., State Health Care Nursing Home Associations, Association of Homes for the Aging, etc.
- Local Office of the Social Security Administration
- Local Welfare Department
- Church groups
- Yellow pages of your telephone directory

In addition, you can often talk to individuals who are acquainted with the nursing homes in a given area—people like physicians, clergymen, relatives, and friends.

Make a list of the homes mentioned to you. Do not worry if the list is long; the more choices you have, the better your chances are of making a good selection.

NARROWING THE FIELD. You do not need to visit all the nursing homes on your list. Some can be eliminated simply by making telephone calls to the homes.

Here are some things to ask about:

Does the home provide the kind of care the elderly person needs? Is the home of the kind specified by the physician—a skilled nursing facility, intermediate care facility, or whatever? Does the home supply the special services or programs the physician considers necessary?

Is the home approved for participation in the Medicare or Medicaid programs? If you will depend on financing through one of these programs, then obviously this is an important question. But even if you plan to pay your own bills, the fact that a home meets Federal as well as State standards should be a point in its favor.

Does the home have an opening? If not, what is the likely waiting period? Many homes have waiting lists. Some put people on the list according to the date they apply. Others consider the elderly person's condition and the family's need to place the person in a home, and assign a position on the list accordingly.



What are the home's admission qualifications? Nursing homes vary widely in this respect. Some require that patients be able to care for themselves to a certain extent. Some admit only patients who have been residents of the State. Some require proof or assurance in writing that you will be able to pay the bills. Some will not accept patients with serious mental disorders. Be wary of any nursing home representative who insists that the patient sign over his personal and real property in exchange for care.

Getting recommendations. In addition to telephoning the nursing homes, try to find as many people as you can who are familiar with the homes on your list. Ask them which homes they do and do not recommend.

VISITING NURSING HOMES. By telephoning homes and getting people's opinions, you should be able to narrow the list. Now plan to visit each of them.

It is important to go to the homes in person *before* you make your choice. Only by seeing them firsthand can you get a true impression of the places and the people who work there. And only in this way will you be able to rest assured that you have made the best possible choice.

Because a nursing home is a complex operation, there are many things to find out when you visit. The following pages provide a general guide, with the emphasis on things to *do*. The checklist in the back of this booklet gives more specific points to look for and ask about. Take the booklet along and refer to the checklist during your visits.

Preparing for visits. For the first visit to a home, it is a good idea to make an appointment in advance. State that you would like to meet with the administrator—also, if possible, with the director of nursing services and the director of social services. Mention that you would like to watch a meal being prepared and served, and to see as many different therapy sessions and patient activities as possible.

Usually, a good time to visit is late morning or midday. By then the early morning cleanup is over and you will be in time for the noon meal.

A short time before your visit, review this booklet to refresh yourself on important points.

MEETING WITH KEY PERSONNEL. When you arrive at a home, spend some time with the administrator, the director of nursing services, and the director of social services. Talk with them long enough to get a feeling for the kind of people they are and their attitudes toward their work. Do not worry about imposing on their time; meeting with you and others like you is part of their job.

Encourage the people in the meeting to tell you about the history and philosophy of the home. Find out who owns the home and whether it is run on a profit or non-profit basis. (Under Federal regulations, the names of a home's owners and board members must be made available to the public.)

Verifying vital points. This is the time to check the state licenses or letter of approval from the licensing agency for the facility and for the administrator. Ask to see them, and look for dates to make sure the licenses are still in effect.

This is also the time to confirm that the home is certified for participation in the Medicare and Medicaid programs, and can provide any special programs or therapy the elderly person needs.

Checking reports of surveys. Reports from the State survey agency can give important clues to the health and safety conditions in the



home: the *Skilled Nursing Facility Survey Report*, the *Intermediate Care Facility Survey Report*, and the *Fire Safety Survey Report*.

A nursing home is surveyed at least once every 12 months by the State to determine if it meets Federal standards and is qualified to participate in Medicare and/or Medicaid as a skilled nursing facility or an intermediate care facility. A review of these reports will show any deficiencies the facility may have. Keep in mind, however, that no nursing home can participate in Medicare or Medicaid if they have serious deficiencies which place the health and safety of patients in jeopardy. In addition, deficiencies noted on the report form must be corrected by the facility within a reasonable time. Each report and accompanying statement of deficiencies and written comments are available to the public within 90 days following completion of the survey. *Medicare* survey reports are available at the Health Insurance Regional Office which serves the State agency. The statements of deficiencies and written comments are available at the Health Insurance Regional Office, Social Security District Office, and public assistance agency servicing the area in which the institution or facility surveyed is located.

The State Welfare Department has the responsibility to establish procedures for the disclosure of survey information for facilities participating only in the *Medicaid* program. Contact your local public assistance agency for information on the location of survey reports for skilled nursing facilities participating in Medicaid only and for reports on intermediate care facilities.

Reviewing the statement of patients' rights. Ask for a copy of this statement; the home is required to make it available to the public. Note whether it covers the points required by Federal regulations as described in Part One. During your visit, look for signs that patients' rights are actually being honored.

TOURING THE HOME. You should be given a tour of the home by the administrator (if possible) or some other member of the staff. Look around carefully as you go, and feel free to ask questions about anything you do not understand.

General Observations. Try to see all the important areas of the home. Here are some things to look for in all areas of the nursing home:

Note the general appearance and atmosphere of the home. It should be pleasant, comfortable, attractively furnished and



decorated. There should be touches that make it seem more like a home. Though the home may have a "lived-in" look, it should definitely be clean.

The home should also be reasonably free of unpleasant odors. This is a matter that requires some judgment. Where patients lack control of the bowels and bladder, *some* odors are to be expected, particularly in the early morning.

Prevention of accidents must be a major concern in nursing homes. Objects should not be left where patients may bump into them or trip over them. There should not be conditions that





could lead to slips, such as wet spots or loose rugs on floors. In addition, nursing homes should always have devices to help patients steady themselves, such as handrails in hallways and grab-bars in bathrooms.

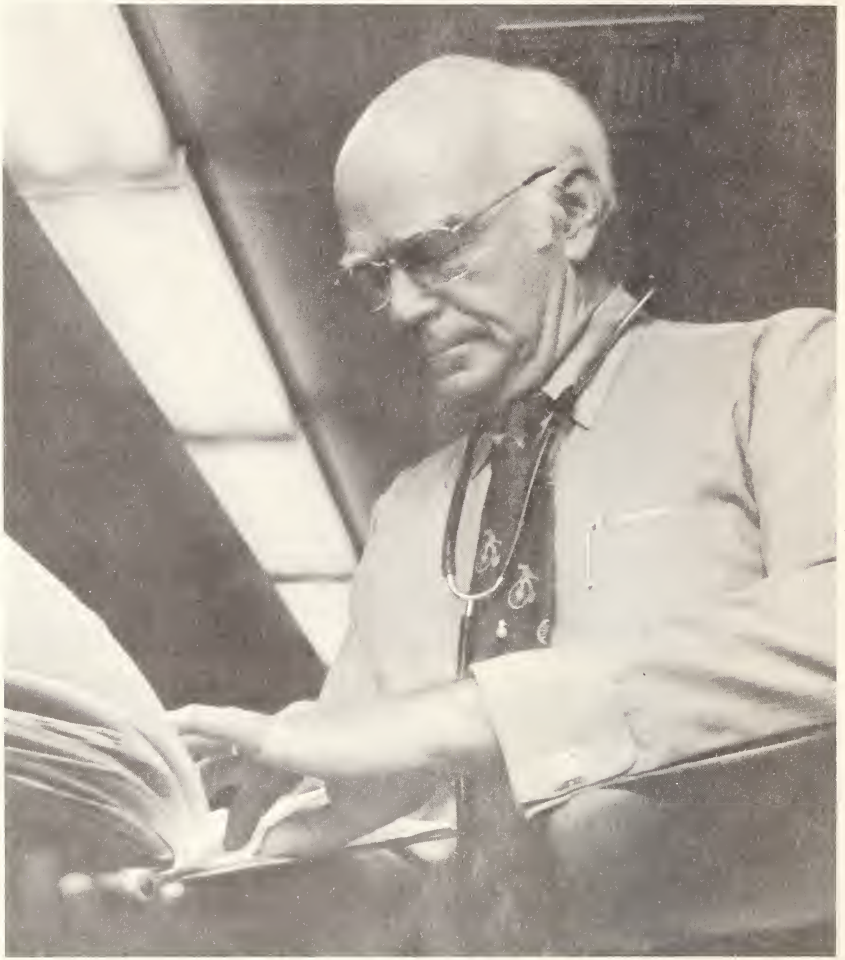
Patients' rooms. For most patients, no part of the home is more important than their own rooms.

Visit some of the patients' rooms; they should be clean, comfortable, and pleasant. Ask about the procedures the nursing home takes to ensure that roommates are compatible.

Try to get an idea of how many beds in the home are occupied. In most areas, the good nursing homes are almost always occupied to near-capacity.

Medical and nursing services. Because medical and nursing care are crucial to patients' welfare, you will want to find out as much about them as you can.

If the elderly person will depend on the nursing home's physician, make a point of meeting him either at the home or later, in his office. Find out how often he visits and whether he



actually sees patients, and also reviews their records. Ask what arrangements have been made for handling emergencies in the home and for making emergency transfers to a hospital. (You also might check with the hospital to find out their emergency procedures.)

Visit the nurses' station (a sort of headquarters for the nursing staff). Ask for an explanation of the system by which patients can signal nurses for help.

Ask to be shown the room where drugs are stored and prepared. Find out how drugs are safeguarded and who is authorized to administer them.

Rehabilitation and activities programs. The efforts made to help patients regain their physical capacities and to provide them with satisfying recreational activities also deserve special attention.

Ask to see the schedule of events for the week. Note how often therapy sessions are scheduled and whether a variety of recreational activities is offered.

Try to see physical therapy, occupational therapy, and speech therapy in action. If this is not possible, at least visit the areas where these programs are conducted. If the therapists are on hand, make a point of talking with them. Ask to look at craft projects that patients in occupational therapy have completed or that are in progress. Watch a recreational activity in progress.

Food services. Obviously, the health and morale of patients is very much affected by the quality of the food they get. This is another area where you can rely heavily on your own experience.

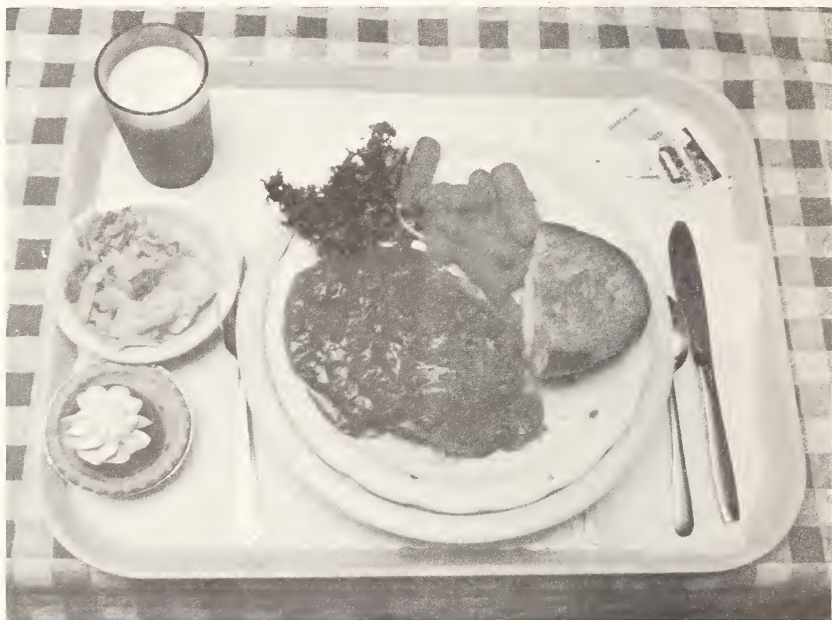
Inspect the kitchen. Although it is geared to serve many more



people, it should be just as clean and orderly as your own kitchen at home.

Watch the kitchen staff in action for a while. They should be a smooth, well-organized team. Look for signs that prepared food is kept on hand for long periods before it is served.

Ask to see the menus for the week. Are the meals interesting and varied? Is a snack offered at bedtime? Are between-meal snacks available during the day?



Ask about how special diets are handled. You should see special menus for therapeutic diets—low salt, low fat, and so on—and there should be some system for identifying patients who require these special meals.

Notice the food being prepared or served. It should be appetizing and attractive. Check whether it corresponds to the posted menu.

Ask to sample the food. (In some nursing homes, you may be invited to eat a meal in the dining room.) Is the food tasty? Would you be happy eating food of that quality day after day?

Watch patients eating a meal and note whether the patients

appear to be enjoying the food. Are people who need it given help with eating, both in the dining room and in their own rooms? Are those who do not care for a food given something else they like better?

MAKING FOLLOW-UP OBSERVATIONS. Consider going back for another visit, particularly if you are unsure of anything. If you come during visiting hours, the administrator should not object. If at all possible, bring the elderly person to the home for a visit.

CHECKING COSTS AND OTHER ARRANGEMENTS. If all or part of the patient's bill will not be covered by the Federal insurance plans or other benefits, you will naturally be concerned about costs. Even Medicare and Medicaid do not cover all of the costs of care for patients in a nursing home.

Costs may vary from one nursing home to another. If you look carefully, you should be able to find a home that provides quality care at a reasonable price.

Charges. Unfortunately, billings are sometimes complicated, and different homes handle them in different ways. This may make it difficult to estimate what a typical month's bill will be and to compare the cost of one home with another.

Nearly all nursing homes have a basic monthly charge. Most also make other charges as well. The difficulty comes because there is no uniformity in determining which things are covered under the basic charge and which are "extras."

Usually—but not always—the basic charge covers *at least* room and meals, housekeeping, linen, general nursing care, medical records services, recreation and personal care and similar services and materials that are provided equally to all patients. Generally, extra charges are made for items that vary from patient to patient.

These are extras in most nursing homes:

Physician services, including the work of specialists like dentists, ophthalmologists, podiatrists, etc.

Drugs and medications

Physical therapy

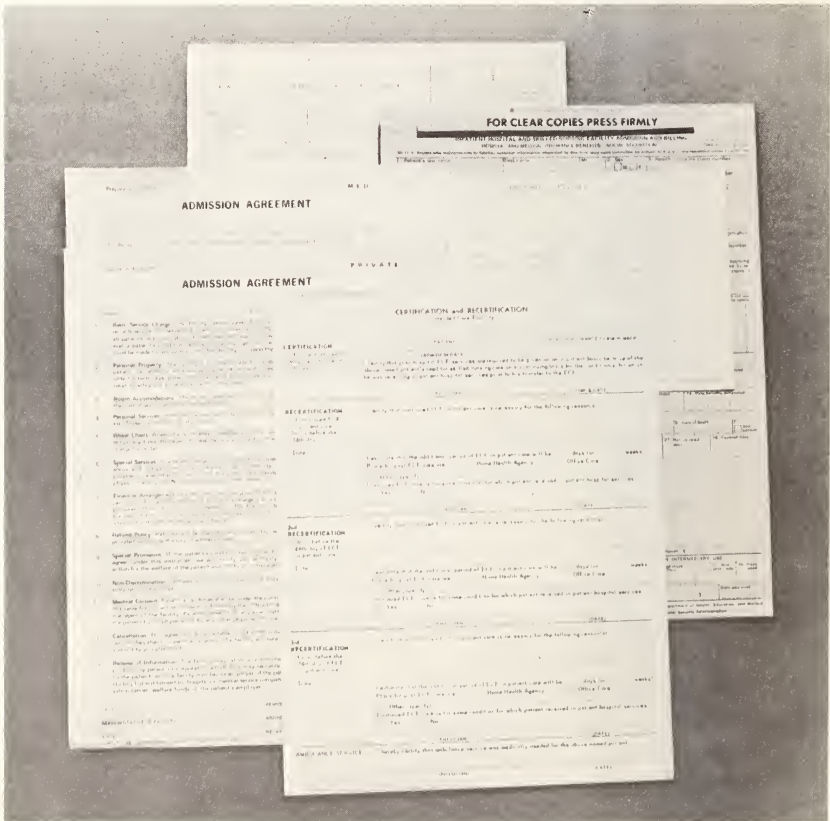
Diagnostic services such as laboratory work, x-rays, electrocardiograms, etc.

Personal services such as telephone calls, personal laundry, beauticians and barbers.

Other items are considered by many homes as part of the basic charge, whereas in other homes they are considered as extras—things like the administration of drugs, examinations, special diets, and help with daily activities such as eating and bathing.

Medicare will pay for items and services furnished by a SNF and are necessary for the care of the patient. Medicaid will also pay for the care and services needed by the patient. However, some items such as drugs may not be fully covered by Medicaid in some States. Under Medicare, after 20 days, there is a co-insurance amount that must be paid by the patient.

Private patients may be billed once for the length of a patient's stay, as a flat charge each month, or *each time* a service or material is provided. For example, a nursing home may make a one-time-only charge for a special mattress, may rent a wheelchair by the month, and may make a charge each time a patient is given an injection or fed by hand.



Some other important matters. Here are some other financial and legal questions that should be answered.

Will a refund be made for unused days paid for in advance? It is common practice to pay the monthly charge in advance, but a patient may not stay in the home for the full month. Some homes keep the full payment anyway, others make a refund for the unused days.

If a patient's cash or other assets are entrusted to the home, determine how these are handled and accounted for. The patient should be given a signed receipt for all deposits and all withdrawals should be noted on a monthly or quarterly statement of funds, prepared and signed by the nursing home administrator. In this way, the patient can keep track of his or her account.

MAKING THE DECISION. Once you have visited several nursing homes and have figured out about how much they will cost, you are ready to see how they stack up against one another. In making comparisons, you will find it helpful to fill out the checklist in this booklet for each of the homes. You may find that none of the homes you are considering meets all the points described in this booklet. But keep in mind that some of the questions are more important than others, so simply adding up the "yes" and "no" answers will not give you a fool-proof basis for comparison. You must also use your own judgment. And if you are not sure how important an item is to the particular person who needs the home, a telephone call to his or her physician should help you decide.

If at all possible, do not let costs be the only thing you consider in choosing a home. The *quality* of care is critical. And by all means, let the elderly person play a part in making the decision.

MAKING THE SELECTION. For most people, finding ways to finance nursing home care is a major concern. If the elderly person does not qualify for care under Medicare or Medicaid programs, check whether his or her private health insurance covers nursing home costs. Retirement and pension plans may also include such coverage.

The contract. The nursing home may refer to this by one of several names: financial agreement, admission agreement, entrance contract, or some other term. What it amounts to is a contract between the nursing home and the patient spelling out the



conditions under which the patient is accepted. The patient, or the person sponsoring him or her, will have to sign the contract before the patient is admitted and will be legally bound by what it says.

The contract should state the costs, the services included, legal responsibilities, and any other matters of a legally binding nature. Ideally, it should also include safeguards for the patient—patients' rights, grievance procedures, minimum nursing care, emergency procedures, and standards of food service.

Before you sign the contract, be sure you understand it completely. Ask the nursing home administrator to explain anything that is not clear. If possible, have a lawyer review the contract before you sign it.

Preparing for the patient's admission. The administrator and director of social services will make arrangements with you for admitting the elderly person to the home. If the person is to be

transferred from a hospital, the physician and the hospital's social worker will also be involved in the planning.

Naturally, you should do everything you can to help prepare the elderly person for entering the home. The social services director can advise you on this and may take an active part by visiting the person in advance.

To ease the transition, try to be with the elderly person on admission day and stay a few hours to help him or her get settled in.

FOLLOWING UP. Once the elderly person has entered the nursing home, your responsibilities continue. Try to visit the home as often as you can. Seeing friends and relatives can be a tremendous boost to the patient's morale.

PART THREE

Checklist



The following is a checklist of important points to consider in selecting a nursing home. You should find the checklist helpful in several ways: for brushing up on things to look for and ask about before you visit a home, for referring to as you talk with staff members and tour a home, and for sizing up a home after a visit and comparing it with other homes you have visited.

There are many items on the list, because nursing homes are complex operations. To cover all the items, you may have to make additional visits or follow-up telephone calls.

Some of the items will be difficult to find out on your own, so you will probably have to ask personnel of the home.

This checklist is offered to serve as a reference guide:

The name of nursing **Home A** is _____

The name of nursing **Home B** is _____

The name of nursing **Home C** is _____

	HOME A	HOME B	HOME C
	Yes/No	Yes/No	Yes/No
Does the nursing home have the required current license from the State or letter of approval from a licensing agency?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Does the administrator have a current State license or waiver? (Required for nursing homes operating under Medicaid.)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is the home certified to participate in the Medicare and Medicaid programs?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
If the person you are placing requires special services, such as rehabilitation therapy or a therapeutic diet, does the home provide them?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>



	HOME A	HOME B	HOME C
	Yes/No	Yes/No	Yes/No
Is the general atmosphere of the nursing home warm, pleasant, and cheerful?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is the administrator courteous and helpful?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are staff members cheerful, courteous, and enthusiastic?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Do staff members show patients genuine interest and affection?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Do patients look well cared for and generally content?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are patients allowed to wear their own clothes, decorate their rooms, and keep a few prized possessions on hand?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is there a place for private visits with family and friends?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is there a written statement of patient's rights? As far as you can tell, are these points being carried out?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Do patients, other visitors, and volunteers speak favorably about the home?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

GENERAL PHYSICAL CONSIDERATIONS

	HOME A	HOME B	HOME C
	Yes/No	Yes/No	Yes/No
Is the nursing home clean and orderly?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

	HOME A	HOME B	HOME C
	Yes/No	Yes/No	Yes/No
Is the home reasonably free of unpleasant odors?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are toilet and bathing facilities easy for handicapped patients to use?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is the home well-lighted?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are rooms well-ventilated and kept at a comfortable temperature?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

SAFETY

	HOME A	HOME B	HOME C
	Yes/No	Yes/No	Yes/No
Are wheelchair ramps provided where necessary?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is the nursing home free of obvious hazards, such as obstacles to patients, hazards underfoot, unsteady chairs?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are there grab bars in toilet and bathing facilities and handrails on both sides of hallways?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Do bathtubs and showers have non-slip surfaces?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is there an automatic sprinkler system and automatic emergency lighting?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are there portable fire extinguishers?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are exits clearly marked and exit signs illuminated?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are exit doors unobstructed and unlocked from inside?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are certain areas posted with no-smoking signs? Do staff, patients, and visitors observe them?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is an emergency evacuation plan posted in prominent locations?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

MEDICAL, DENTAL, AND OTHER SERVICES

	HOME A	HOME B	HOME C
	Yes/No	Yes/No	Yes/No
Does the home have an arrangement with an outside dental service to provide patients with dental care when necessary?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
In case of medical emergencies, is a physician available at all times, either on staff or on call?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Does the home have arrangements with a nearby hospital for quick transfer of nursing home patients in an emergency?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is emergency transportation readily available?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

PHARMACEUTICAL SERVICES

	HOME A	HOME B	HOME C
	Yes/No	Yes/No	Yes/No
Are pharmaceutical services supervised by a qualified pharmacist?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is a room set aside for storing and preparing drugs?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

NURSING SERVICES

	HOME A	HOME B	HOME C
	Yes/No	Yes/No	Yes/No
Is at least one registered nurse (RN) or licensed practical nurse (LPN) on duty day and night?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is an RN on duty during the day, seven days a week?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Does an RN serve as director of nursing services?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are nurse call buttons located at each patient's bed and in toilet and bathing facilities?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

FOOD SERVICES

	HOME A	HOME B	HOME C
	Yes/No	Yes/No	Yes/No
Is the kitchen clean and reasonably tidy? Is food needing refrigeration not left standing out on counters? Is waste properly disposed of?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Ask to see the meal schedule. Are at least three meals served each day? Are meals served at normal hours, with plenty of time for leisurely eating?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are no more than 14 hours allowed between the evening meal and breakfast the next morning?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are nutritious between-meal and bedtime snacks available?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are patients given enough food? Does the food look appetizing?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Sample a meal. Is the food tasty and served at the proper temperature?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Does the meal being served match the posted menu?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are special meals prepared for patients on therapeutic diets?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is the dining room attractive and comfortable?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Do patients who need it get help in eating, whether in the dining room or in their own rooms?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

REHABILITATION THERAPY

	HOME A	HOME B	HOME C
	Yes/No	Yes/No	Yes/No
Is a full-time program of physical therapy available for patients who need it?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Are occupational therapy and speech therapy available for patients who need them?

HOME A	HOME B	HOME C
Yes/No	Yes/No	Yes/No

<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
---------------------------------------------------	---------------------------------------------------	---------------------------------------------------

SOCIAL SERVICES & PATIENT ACTIVITIES

Are there social services available to aid patients and their families?

HOME A	HOME B	HOME C
Yes/No	Yes/No	Yes/No

<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
---------------------------------------------------	---------------------------------------------------	---------------------------------------------------

Does the nursing home have a varied program of recreational, cultural, and intellectual activities for patients?

<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
---------------------------------------------------	---------------------------------------------------	---------------------------------------------------

Is there an activities coordinator on the staff?

<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
---------------------------------------------------	---------------------------------------------------	---------------------------------------------------

Is suitable space available for patient activities? Are tools and supplies provided?

<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
---------------------------------------------------	---------------------------------------------------	---------------------------------------------------

Are activities offered for patients who are relatively inactive or confined to their rooms?

<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
---------------------------------------------------	---------------------------------------------------	---------------------------------------------------

Look at the activities schedule. Are activities provided each day? Are some activities scheduled in the evenings?

<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
---------------------------------------------------	---------------------------------------------------	---------------------------------------------------

Do patients have an opportunity to attend religious services and talk with clergymen both in and outside the home?

<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
---------------------------------------------------	---------------------------------------------------	---------------------------------------------------

Are a barber and beautician available?

<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
---------------------------------------------------	---------------------------------------------------	---------------------------------------------------

PATIENTS' ROOMS

Do all the rooms open onto a hallway?

HOME A	HOME B	HOME C
Yes/No	Yes/No	Yes/No

<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
---------------------------------------------------	---------------------------------------------------	---------------------------------------------------

Do they have a window to the outside?

<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
---------------------------------------------------	---------------------------------------------------	---------------------------------------------------

	HOME A	HOME B	HOME C
	Yes/No	Yes/No	Yes/No
Does each patient have a reading light, a comfortable chair, and a closet and drawers for personal belongings?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is there fresh drinking water within reach?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is there a curtain or screen available to provide privacy for each bed whenever necessary?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Do bathing and toilet facilities have adequate privacy?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

OTHER AREAS OF THE NURSING HOME

	HOME A	HOME B	HOME C
	Yes/No	Yes/No	Yes/No
Is there a lounge where patients can chat, read, play games, watch television, or just relax away from their rooms?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is a public telephone available for patients' use?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Does the nursing home have an outdoor area where patients can get fresh air and sunshine?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

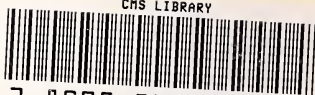
FINANCIAL AND RELATED MATTERS

	HOME A	HOME B	HOME C
	Yes/No	Yes/No	Yes/No
Do the estimated monthly costs (including extra charges) compare favorably with the cost of other homes?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is a refund made for unused days paid for in advance?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are visiting hours convenient for patients and visitors?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are these and other important matters specified in the contract? (See page 43)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>



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